

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09905383	FILING DATE 10/82
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						51
2		1					52
3		1					53
4		1					54
5		1					55
6		1					56
7		1					57
8		1					58
9		1					59
10		1					60
11		1					61
12		1					62
13		1					63
14		1					64
15		1					65
16		1					66
17		1					67
18		1					68
19		1					69
20		1					70
21		1					71
22		1					72
23		1					73
24		1					74
25		1					75
26		1					76
27		1					77
28		1					78
29		1					79
30		1					80
31		1					81
32		1					82
33		1					83
34	1						84
35		1					85
36		1					86
37		1					87
38		1					88
39	1						89
40		1					90
41		1					91
42		1					92
43		1					93
44		1					94
45		1					95
46		1					96
47	1						97
48		1					98
49		1					99
50	1						100
TOTAL IND.	16		3				TOTAL IND.
TOTAL DEP.	57	45					TOTAL DEP.
TOTAL CLAIMS	63	48					TOTAL CLAIMS

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						APPLICANT(S)	
CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
101			1			51	
102			1			52	
103			1			53	
104			1			54	
105			1			55	
106			1			56	
107			1			57	
108			1			58	
109			1			59	
110			1			60	
111						61	
112						62	
113						63	
114						64	
115						65	
116						66	
117						67	
118						68	
119						69	
120						70	
21						71	
22						72	
23						73	
24						74	
25						75	
26						76	
27						77	
28						78	
29						79	
30						80	
31						81	
32						82	
33						83	
34						84	
35						85	
36						86	
37						87	
38						88	
39						89	
40						90	
41						91	
42						92	
43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL IND.						TOTAL IND.	
TOTAL DEP.						TOTAL DEP.	
TOTAL CLAIMS						TOTAL CLAIMS	

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